

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

23893

## 1. PLACE OF DEATH

County Ladysburg  
Township Richburg  
City Richburg (No. 1)

Registration District No. 234  
Primary Registration District No. 3321

File No. 6  
Registered No. 6  
St. Richburg Ward 1

## 2. FULL NAME

(a) Residence, No. 1  
(Usual place of abode)

St. Richburg Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Dicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/21/1862

7. AGE YEARS 82 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0.14  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME Charles Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Jane Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Gen Dicks (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Richburg DATE 7/24 1934

19. UNDERTAKER Mrs. Dicks (ADDRESS) Richburg

20. FILED 7-25-1934 O. P. Fairless Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28 1934

22. I HEREBY CERTIFY, That I attended deceased from

1934, to 1934

I last saw her alive on July 21, 1934. Death is said

to have occurred on the date stated above, at 12-8 p.m.

The principal cause of death and related causes of importance were as follows:

auto intoxication  
senile degeneration  
661  
1556  
Other contributory causes of importance:  
1230

Name of operation none Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

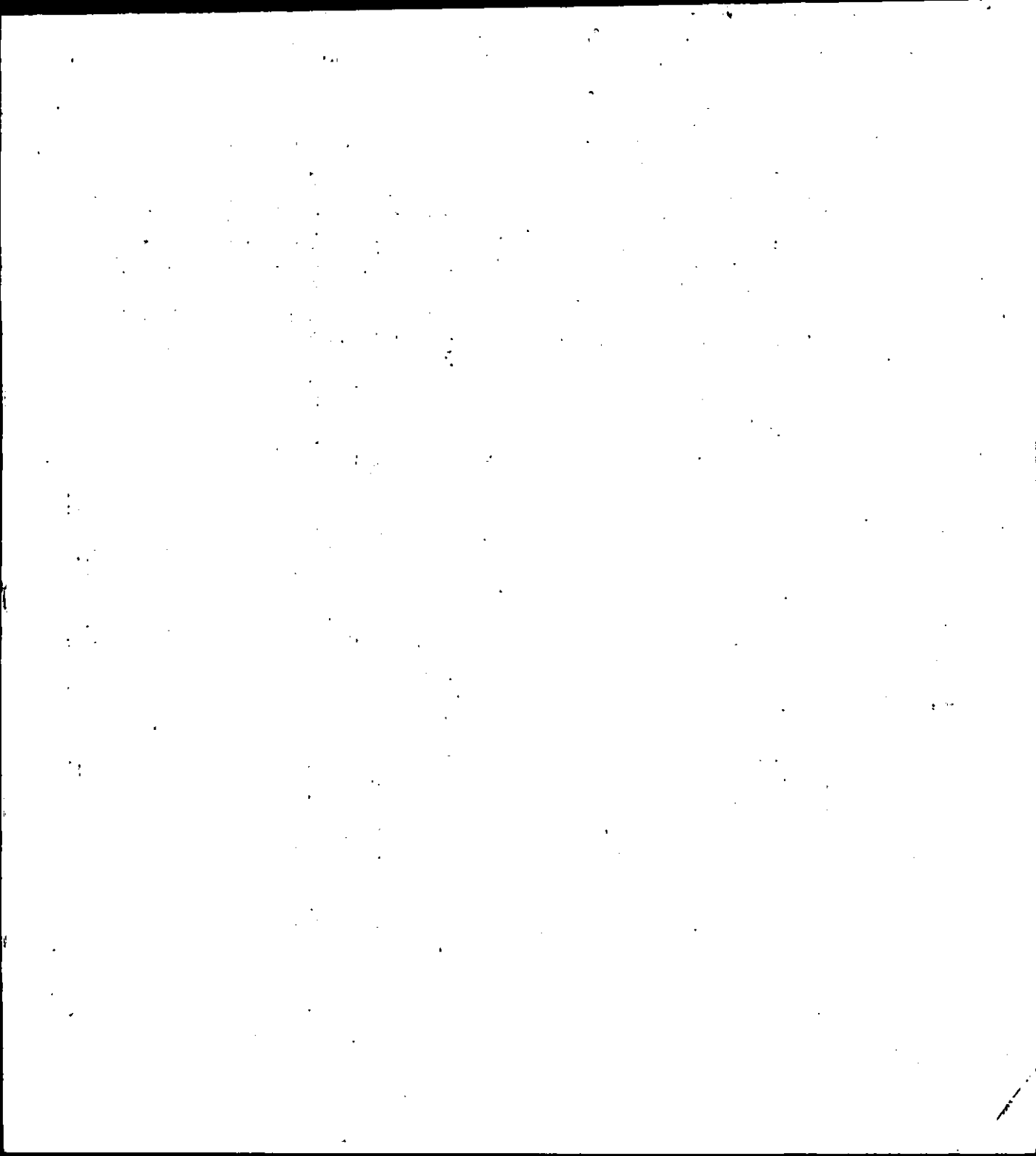
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles H. McHaffie, M. D.

(Address) Fish Brook, Mo.



#2 *Bade*  
*Rock Prairie*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaughlin, M. D.,  
Special Agent,  
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Minnie Dill  
Who died at \_\_\_\_\_ on July 22, 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex ♀ Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 12 Year 34

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: County sister is at home & family

degeneration: Family education by herself & kidneys

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician Chas. H. McLaughlin

Address of physician ash Grove Rd

Signature of Registrar \_\_\_\_\_ Date filed July 25-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 236

Primary Reg. Dist. No. 5321

D. P. Favus M.D.  
Registrar

E. T. McLaughlin  
Special Agent. M. H.

23893